

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age 73				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Lacinda Aster				
Father's Name	Philip Aster					Father's Birthplace unknown
Mother's Maiden Name	Mary Aster					Mother's Birthplace unknown
Name of person giving Information	Indria Aster					How related to deceased Son

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Complication of Diseases

How long

6 months

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

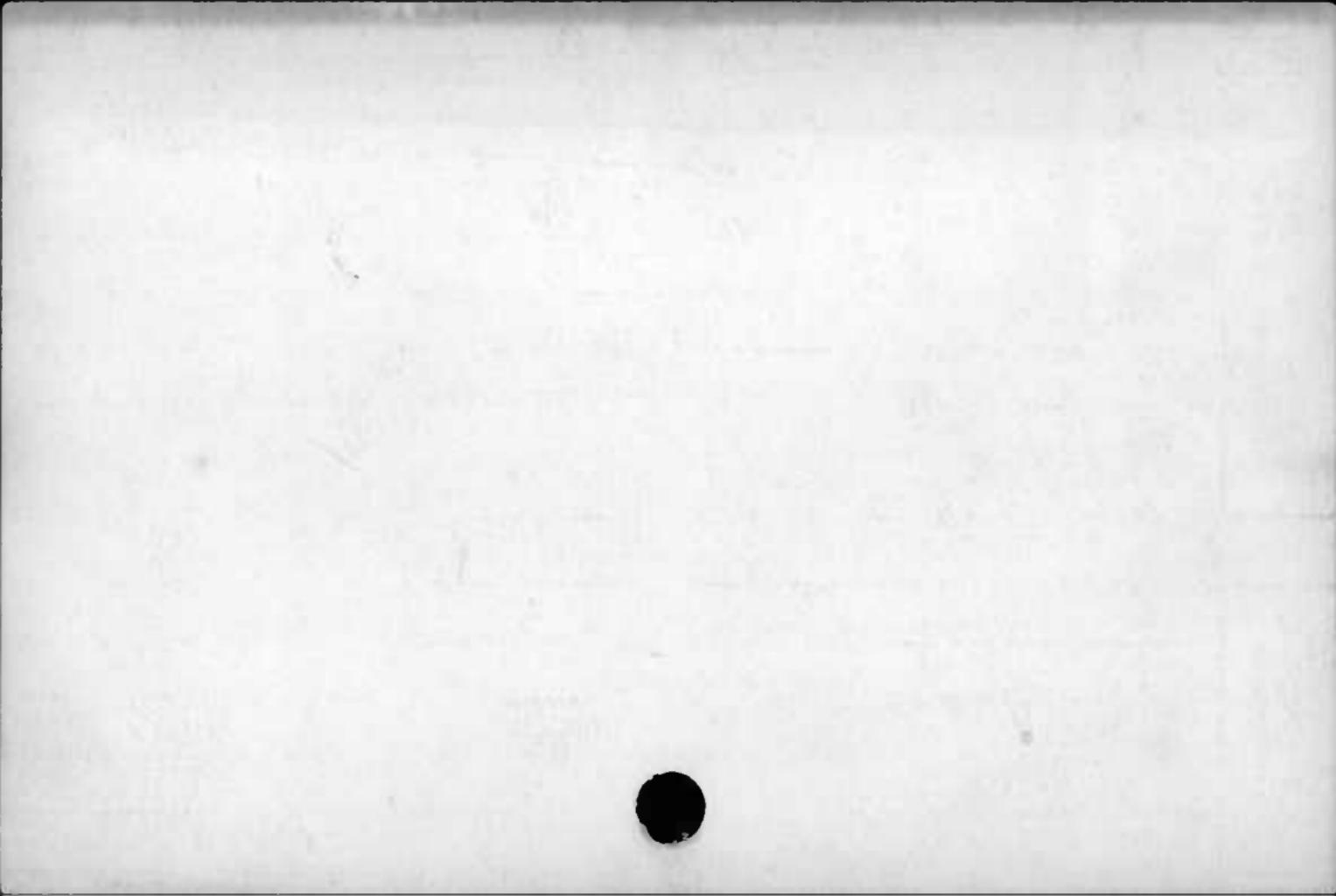
Address

A. Lewis Wetzel M.D.

Union Mills

Ind.

Accident or Suicide?



Name
in
Full

Pelham M. Barnum

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Springfield Hospital	Carroll			MARYLAND	
Date of death	Month	Day	Years	Months	Days
1907	June	1 st	38		
Sex	Male	Color or Race	White	Birth-place	Florida
Occupation	R.R. Bradman	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Muskowee
Father's Name	Muskowee			Mother's Birthplace	"
Mother's Maiden Name	"			How related to deceased	
Name of person giving information	Hospital records				

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	
Immediate	Acute Goutitis	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	No	Chas. J. Carey Lykensville Md.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Margaret Margaret Brown
Died at Belmont Mills Maryland

CERTIFICATE OF DEATH

MARYLAND

Date of death 1907 Month June Day 29 Years 55 Months 1 Days 2

Sex Female Color or Race White

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Wm. J. Brown

Father's Name Edw. G. Brown

Father's Birthplace Unknown

Mother's Maiden Name Annie R Baumgardner

Mother's Birthplace Unknown

Name of person giving information Edward Brown

How related to deceased Son

CAUSES OF DEATH

79

How long

Primary

Endocarditis

4 weeks

Immediate

meningitis convulsions

1 day

Are the name, age, sex, color, date and place correctly given above?

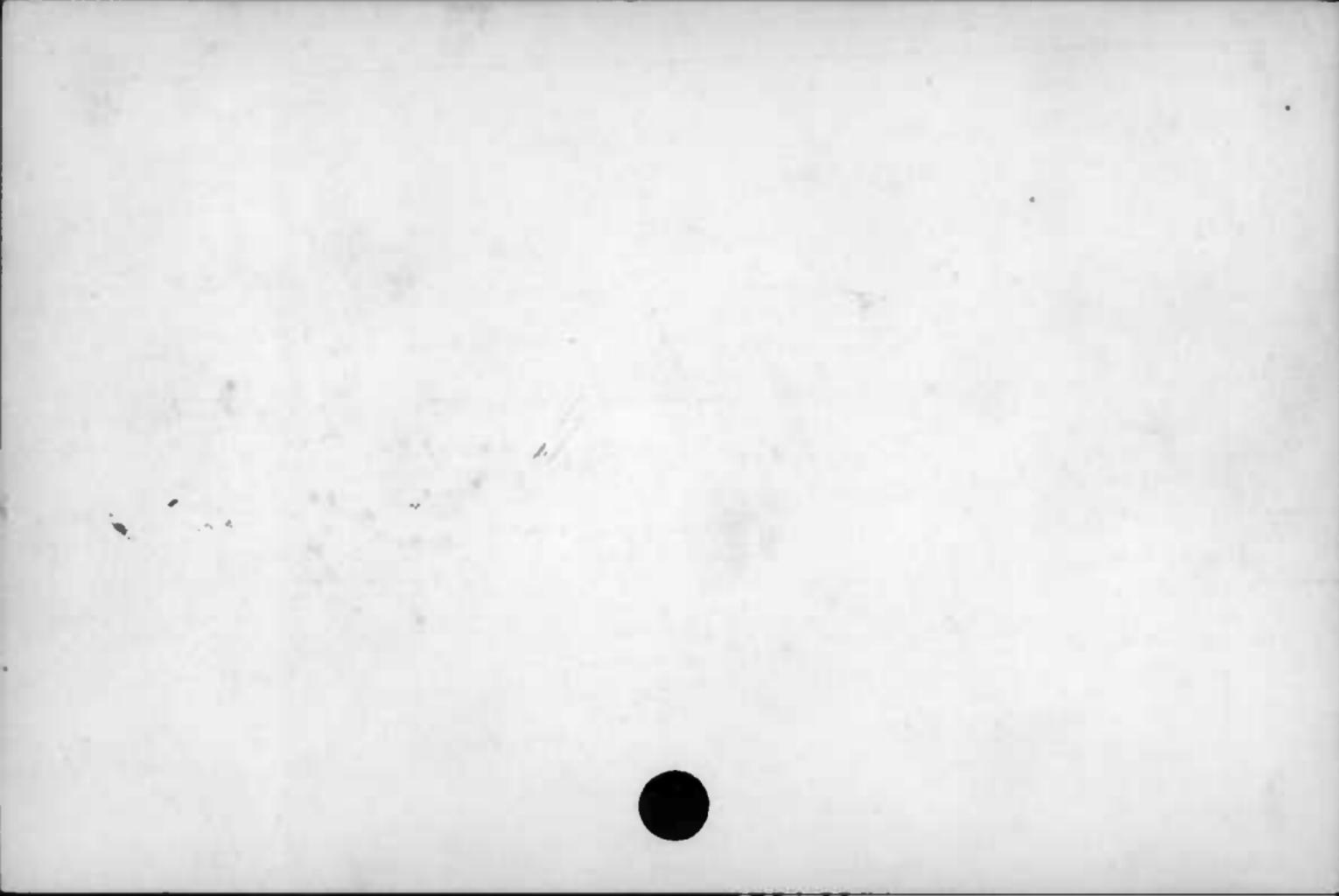
yes

Signature of Physician

Address

G. Lewis Wetzel M.D.
Union Mills Ind.

Accident or Suicide?



Name
in
Full

J. Frank Byers

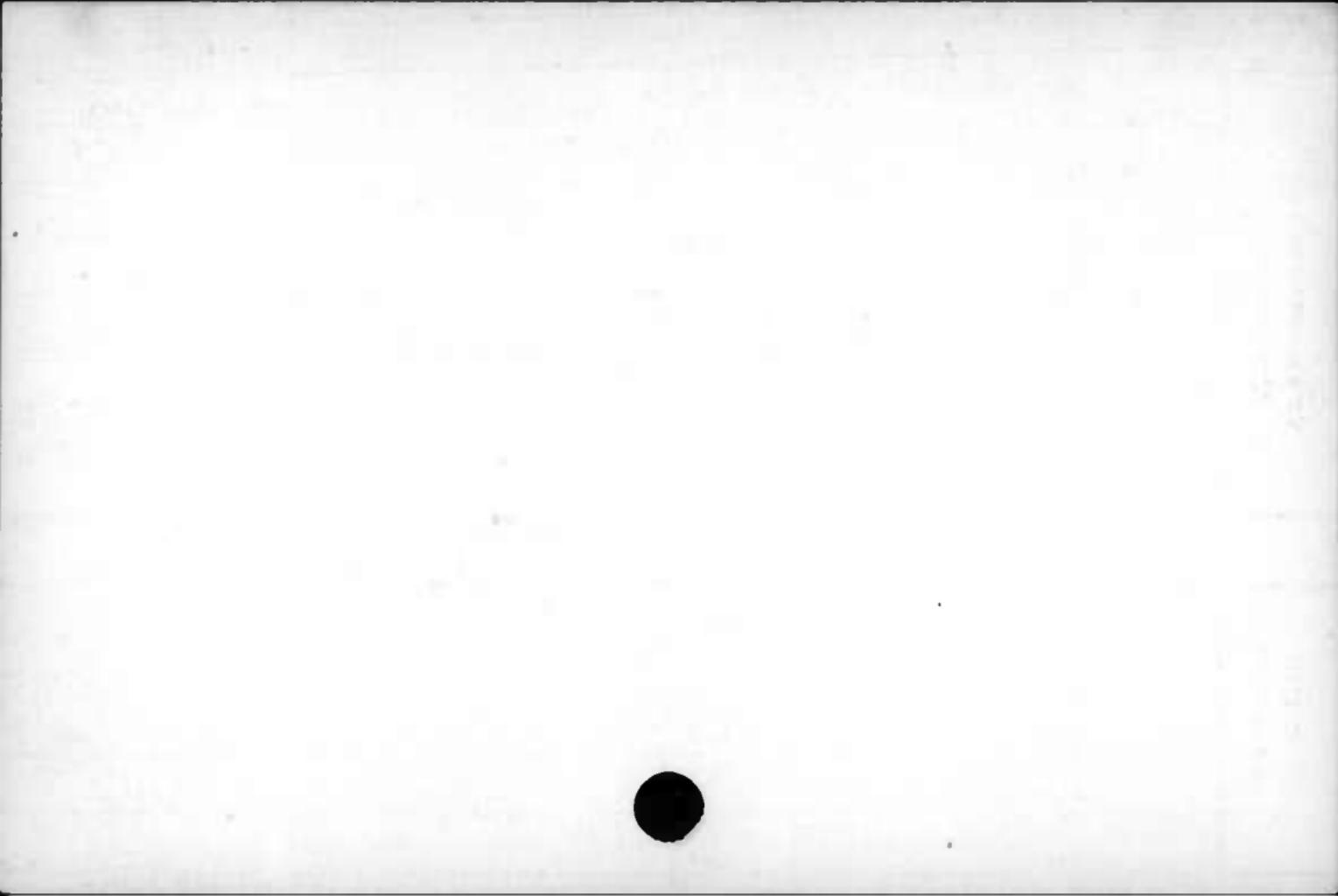
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month June	Day 9	Years 40	Months 3	Days 13
Sex	Male	Color or Race	White		Birth-place	Maryland
Occupation	Foreman of canary		Where Residing if not at place of death	New Windsor		
Married, Single or Widowed	Married	Name of Wife or Husband	Fannie Byers Thompson		Father's Birthplace	Unknown
Father's Name	William Byers				Mother's Birthplace	Unknown
Mother's Maiden Name	Sarah Leppi				How related to deceased	None
Name of person giving information	Leslie Smelser					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cardiac Asthma	(36)	How long	Unknown
	Immediate	Alcoholism		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr. Ida E. Whitehill	
			Address	New Windsor Md	
Accident or Suicide?					



Name
in
Full

Harriett Jane Cassell

208

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Henry Cassell	
Father's Name	Michael Babylon	Father's Birthplace	Candles Md
Mother's Maiden Name	Mary Dell	Mother's Birthplace	
Name of person giving information	Henry Cassell	How related to deceased	husband
CAUSES OF DEATH			
Primary	Mitral Regurgitation Dilatation 40 yrs		
Immediate	Heart Failure, How long 10 minutes		

79

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?

Cawells Cemetery,
Stonewall

Name
in
Full

Anna Blask

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Taneytown</u>		County <u>Carroll</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>6</u>	Day <u>5</u>	Age <u>85</u>	Years	Months <u>0</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birthplace <u>Pa</u>		
Occupation <u>None</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>John Blask</u>			Father's Birthplace <u>Pa</u>		
Father's Name <u>Samuel Tamm</u>			Mother's Birthplace <u>Pa</u>			
Mother's Maiden Name <u>Sarah Lepak</u>			Name of person giving information <u>J. Calvin Spin</u>	How related to deceased <u>Brother</u>		

CAUSES OF DEATH

(154)

Primary Senile Dementia
Immediate Exhaustion How long Three years
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician J.H. Seiss.
Address Taneytown, Md.
Accident or Suicide? No

PHYSICIAN
OR CORONER

Pine Cemetery
Pa

Name
in
Full

Mary. R. Blingan

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died a	Year	Carroll			
Date of death	Month	Day	Years	Months	Days
1907	6	30	Age 36	6	22
Sex	Female	Color or Race	white	Birth-place	Mod
Occupation	House-wife				
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Husband	Samuel E. Blingan		
Father's Name	Bendigo Newcomer				
Mother's Maiden Name	Maggie Bloom				
Name of person giving information	Samuel Blingan				
Father's Birthplace Ind					
Mother's Birthplace Ind					
How related to deceased Husband					

CAUSES OF DEATH

(138)

How long

8½ month

How long

6 hours.

PHYSICIAN
OR CORONER

Primary

Pregnancy. Uremia

Immediate

Convulsions & P.P. Hemorrhage

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

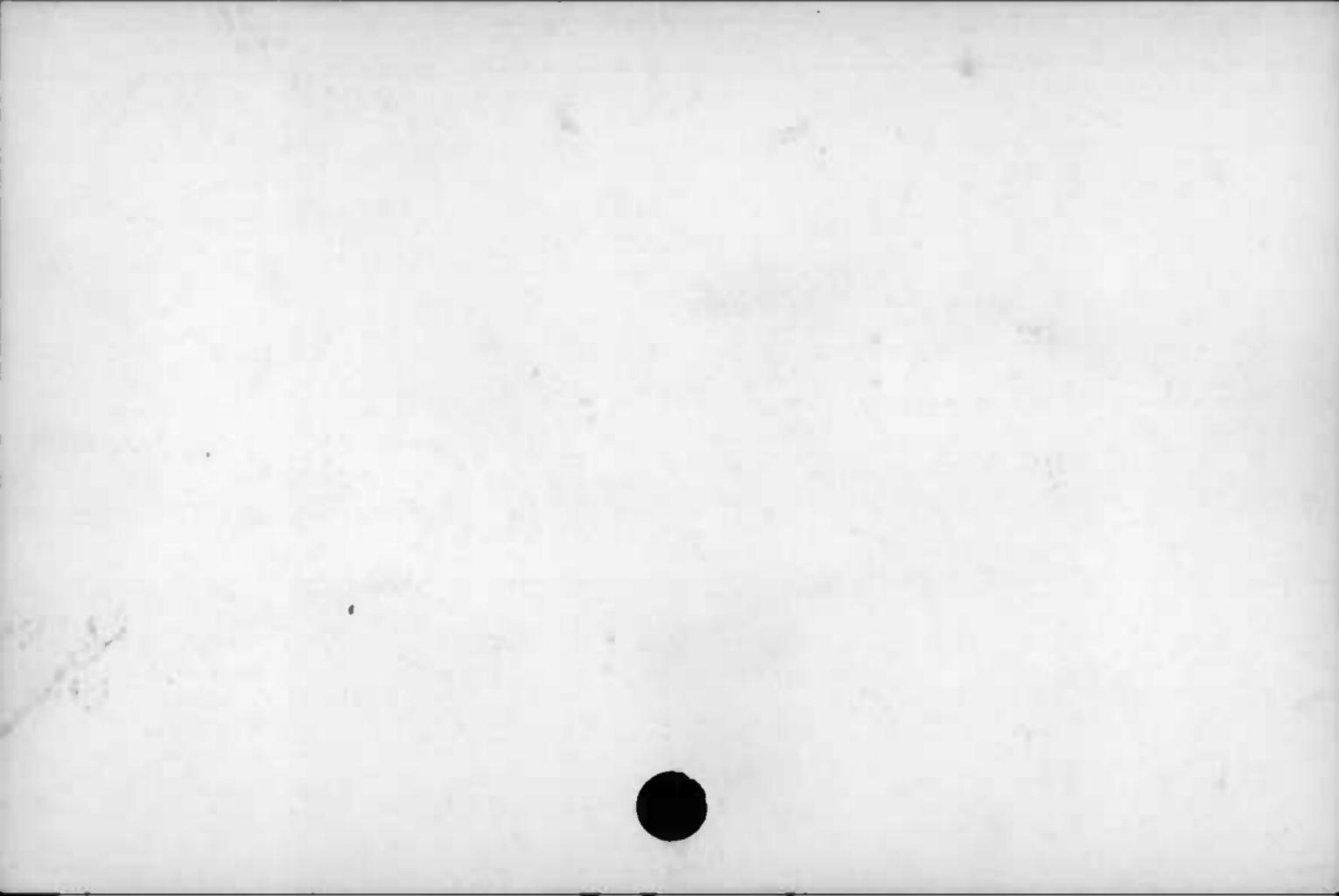
Address

Dr. H. Seiss:

Traceytown.

MD.

Accident or Suicide?



Name
in
Full

Allie De Camp.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Springfield Hospital	Sykesville - Carroll	Months	Days	
Date of death	1907	Month 6 st	Day 13 st	Years 47	
Sex	Female	Color or Race	white	Birth-place	Washington D. C.
Occupation	house	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Sidney De Camp	Father's Birthplace	France		
Mother's Maiden Name	Mary — unknown	Mother's Birthplace	unknown		
Name of person giving information	Hospital records	How related to deceased	house		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis (27) How long ?
Immediate Exhaustion How long ?

Are the name, age, sex, color, date and place correctly given above? To best of

my knowledge.

Signature of Physician

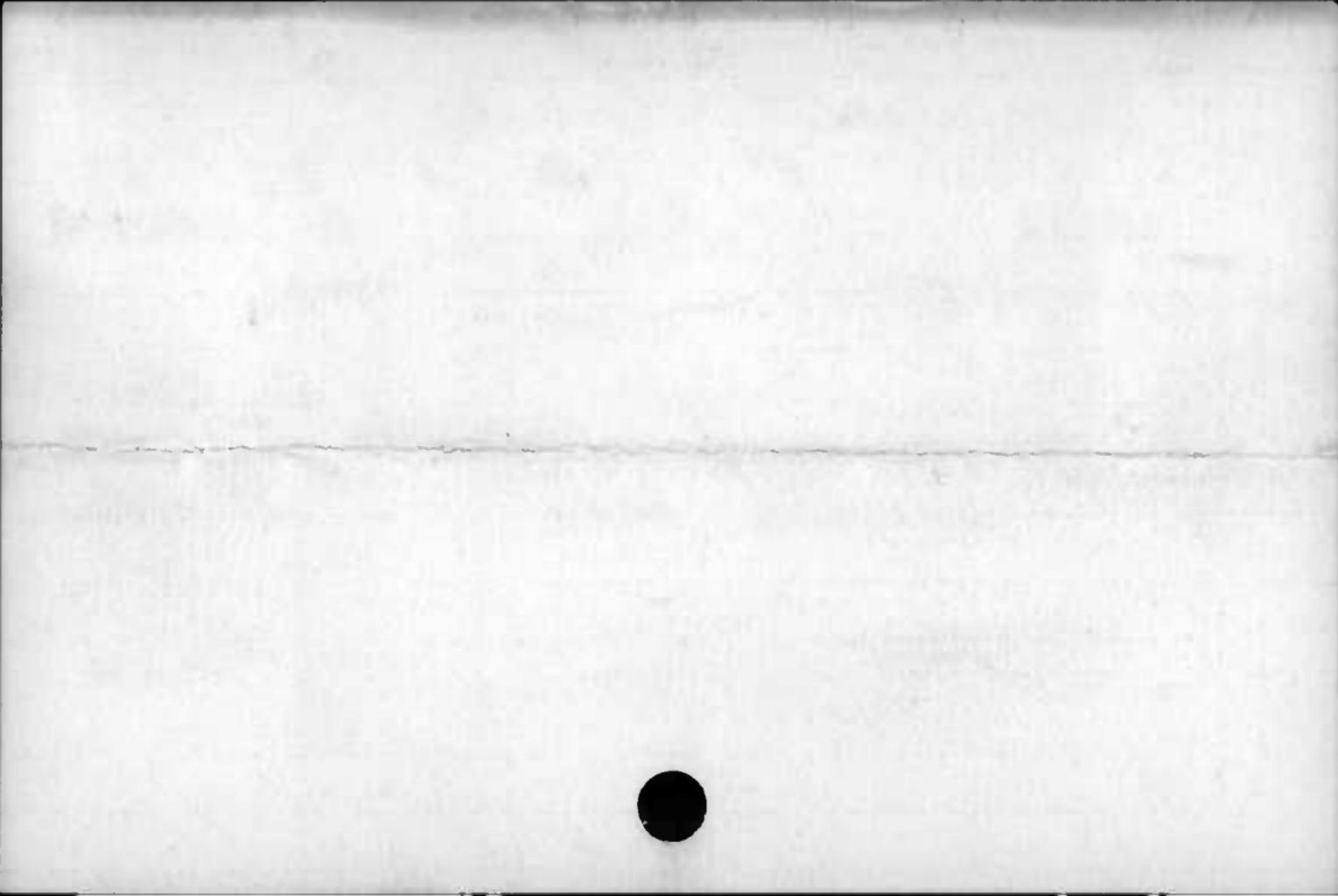
Address

W. Henry Fisher M.D.

Sykesville
Md.

Accident or Suicide?

No.



Name
in
Full

Edgar Dell

No 209
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Westminster	Town	Carroll	County	MARYLAND	
Date of death	1907	Month June	Day 9	Years 30	Months 8	Days 24
Sex	Male	Color or Race	white	Birth-place Carroll Co Md		
Occupation	Laborer		Where Residing if not at place of death		Home	
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Jerome Dell		Father's Birthplace Carroll Co Md			
Mother's Maiden Name	Castanee Gables		Mother's Birthplace " " "			
Name of person giving information	Jerome Dell		How related to deceased Father.			

CAUSES OF DEATH

(79)

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Silition Gardeas 5 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Eugene M Sullivan

Address

146 Main St,
Westminster, Md

Accident or Suicide?

Westminster-Cemetery
Stones,

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

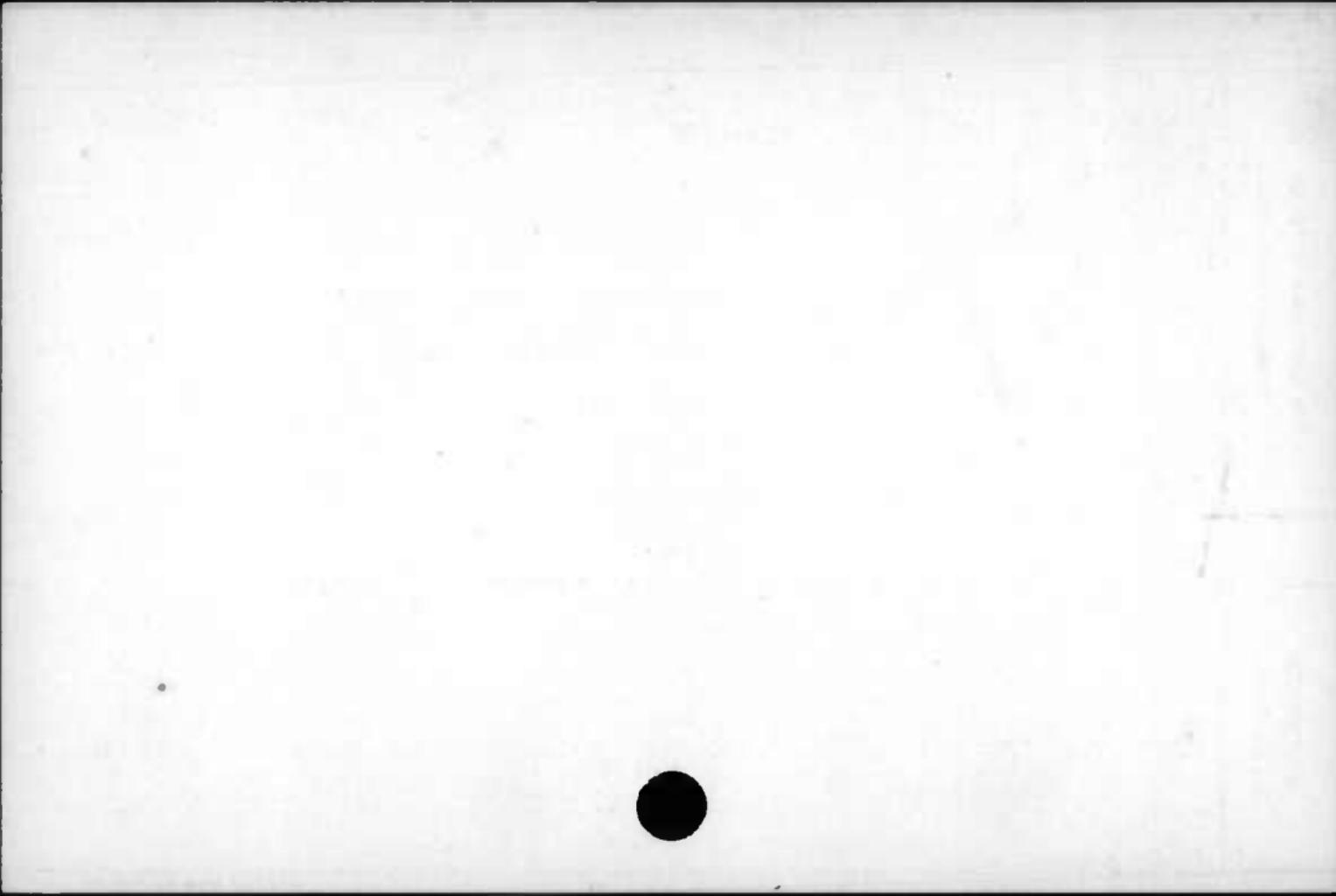
Airie Oliver Flunson

CERTIFICATE OF DEATH

Died at		New Windsor Carroll				MARYLAND	
Date of death	Month	Day	Years	Months		Days	
1907	June	10	6	1		10	
Sex	Male	Color or Race	Black	Birth- place	Maryland		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Name	Jessie Thornton Flunson		
Father's Name	Jessie Thornton Flunson		Father's Birthplace		Maryland		
Mother's Maiden Name	Grace E. Johns		Mother's Birthplace		Maryland		
Name of person giving Information	Jessie I. Flunson		How related to deceased		Father		

CAUSES OF DEATH

Primary	Sasilar Meningitis	(28)	How long	3 days.
Immediate	Coma		How long	3 hours.
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	Shirley Gauthier
			Address	New Windsor Md.
Accident or Suicide?				



Name
in
Full

Isabelle Ellicott

CERTIFICATE OF DEATH

To BE ANSWERED BY

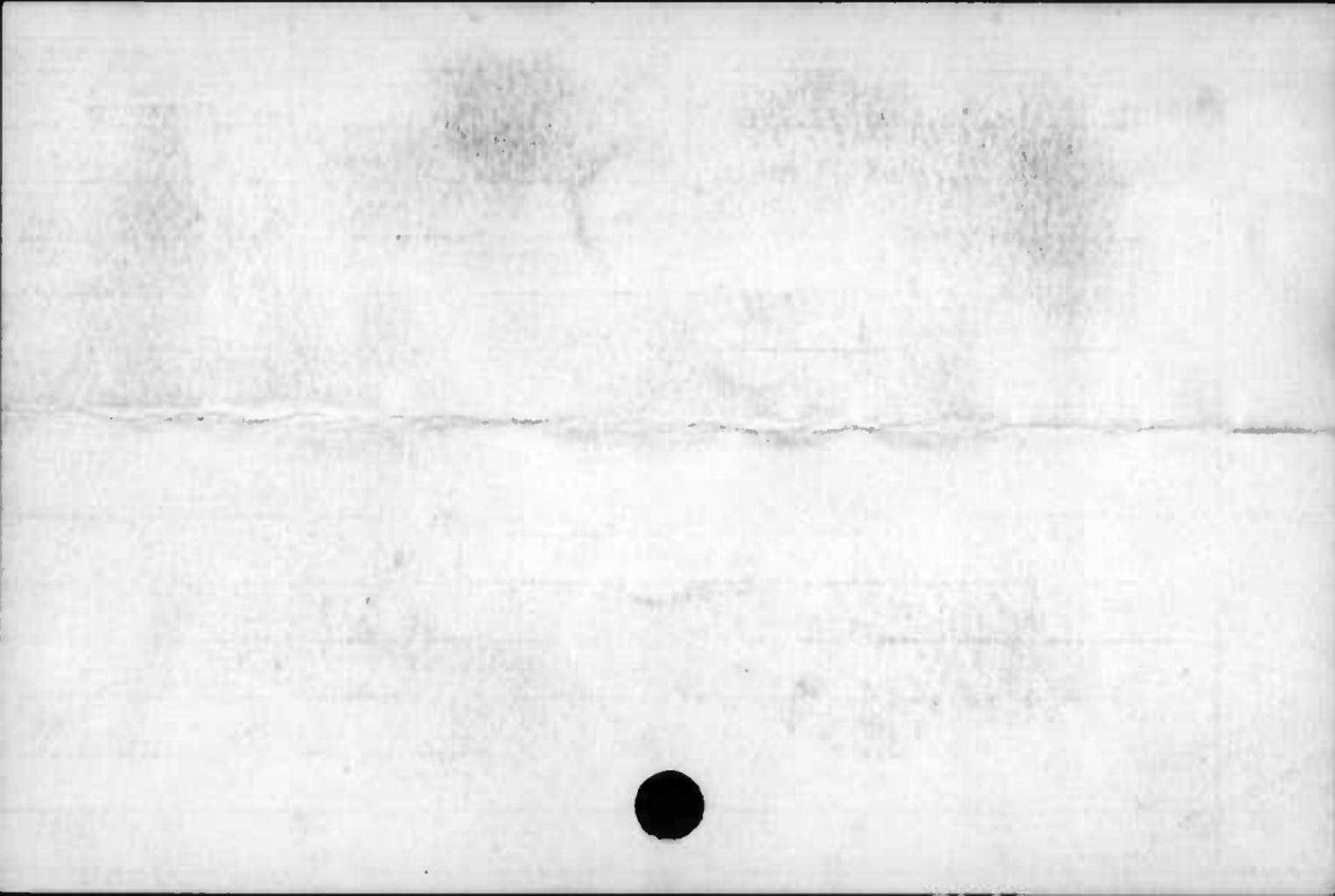
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Maryland	
Occupation	House keeper	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown			
Father's Name	David Pierce	Father's Birthplace	Virginia			
Mother's Maiden Name	Isabelle Duly	Mother's Birthplace	Md.			
Name of person giving information	Hospital records	How related to deceased	None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Mania	(68)	How long	5 1/2 years.
Immediate	Ex haustion		How long	
Are the name, age, sex, color, date and place correctly given above?	To best	Signature of Physician	W. Henry Fisher M.D.	
I of my knowledge.		Address	Sykesville Md.	
Accident or Suicide?	No.			



Name
in
Full

Norman Evans

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White American	Birth-place	
Occupation			Where Residing if not at place of death		
M arried , Single or Widowed	Name of Wife or Husband				
Father's Name	Robert E. Evans		Father's Birthplace	Albion Co and	
Mother's Maiden Name	Miss Rosa Strome		Mother's Birthplace	Baltimore and	
Name of person giving information	J. E. Evans		How related to deceased	Grandfather	

CAUSES OF DEATH

94

Primary *Emphysema - heart much displaced* How long *7 weeks*
Immediate *Chloroform anaesthesia* How long *5 minutes*

Are the name, age, sex, color, date and place correctly given above?

yes

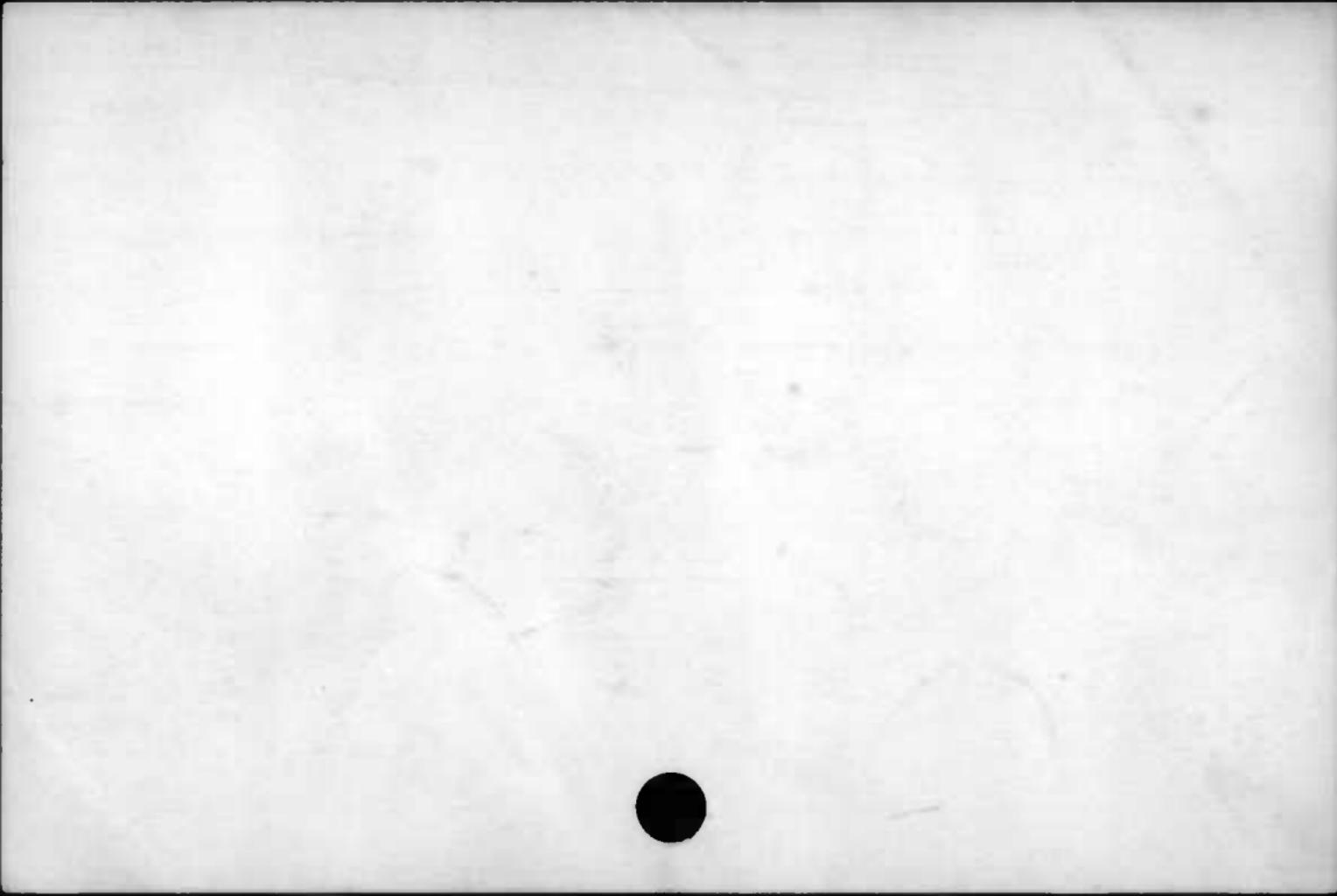
Signature of Physician

J. E. Evans

Address

Mt. airy Md

Accident or Suicide?



Name
in
Full

215

CERTIFICATE OF DEATH

Bergeronie G Franklin

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	63 1 19
Occupation	Where Residing at time of death	Birth-place	Maryland
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Maryland
Father's Name	Thomas S Franklin	Mother's Birthplace	do
Mother's Maiden Name	Elyza A Franklin	How related to deceased	Daughter
Name of person giving information	Lillian Franklin		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dropsey Soite	177	How long
Immediate	Heart Failure		2 Years
Are the name, age, sex, color, date and place correctly given above?	Yes		How long

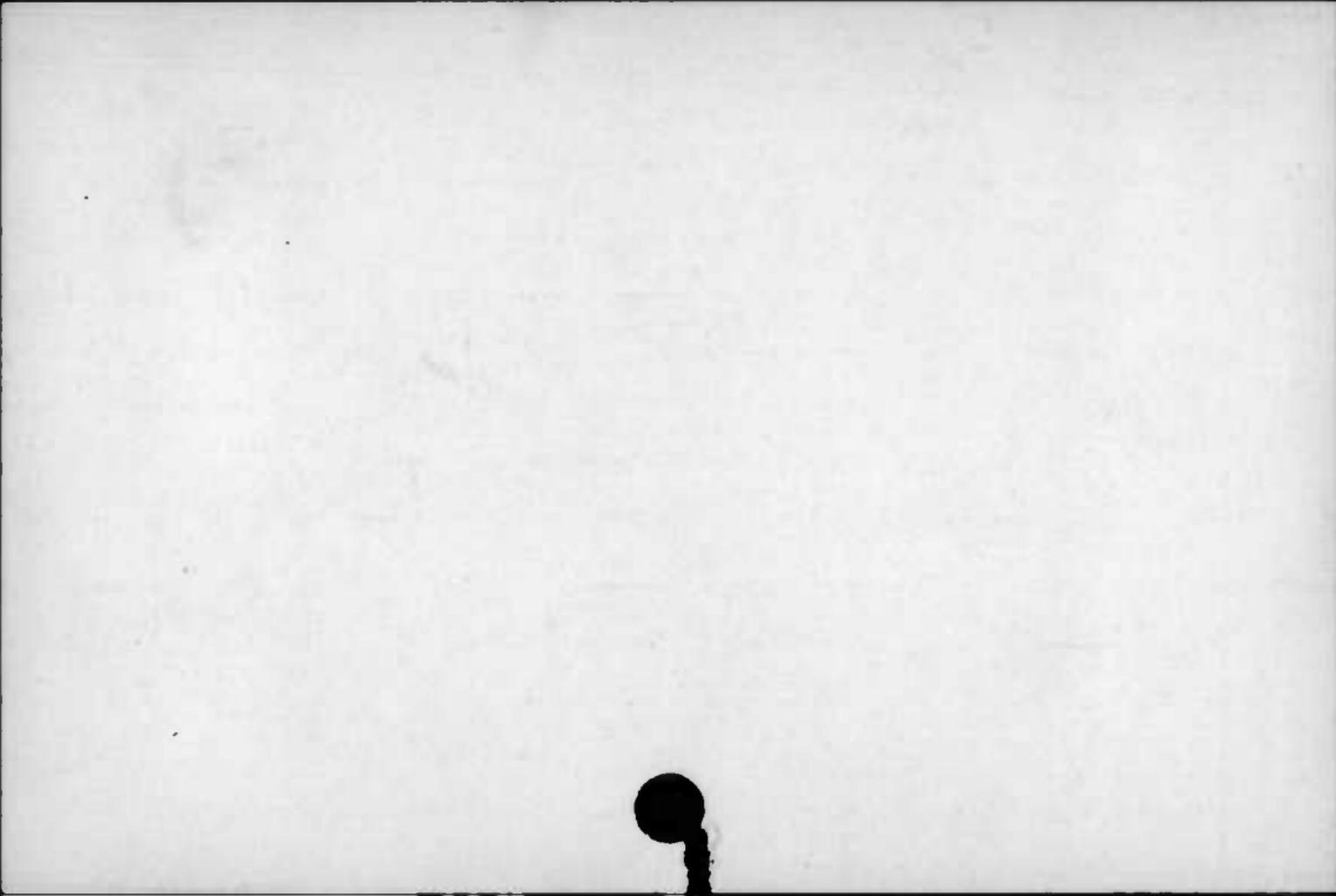
Signature of Physician

Jas. H. Billing M.D.

Address

Westminster Md

Accident or Suicide? NO -



Name
in
Full

Joseph St. Goodwin,
near Winfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died	Town	County	MARYLAND		
Date of death	Month	Day	Years Age	Months	Days
Sex	Male	Color or Race	White,	Birth- place	Daniel, Md.
Occupation	Laborer	Where Residing if not at place of death near Winfield, Md.			
Married, Single or Widowed	Married	Name of Wife	Jannie M. Goodwin,	Father's Birthplace	Unknown
Father's Name	John Goodwin, (deceased)			Mother's Birthplace	Unknown,
Mother's Maiden Name	Anna H. Green (")			Name of person giving Information	How related to deceased
	Jannie M. Goodwin				Wife,

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cold

93

How long

1 week

Immediate

Pneumonia

How long

15 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E D Clark

Accident or Suicide?

Ebnezer

Name
in
Full

Mary E. Goslee

CERTIFICATE OF DEATH

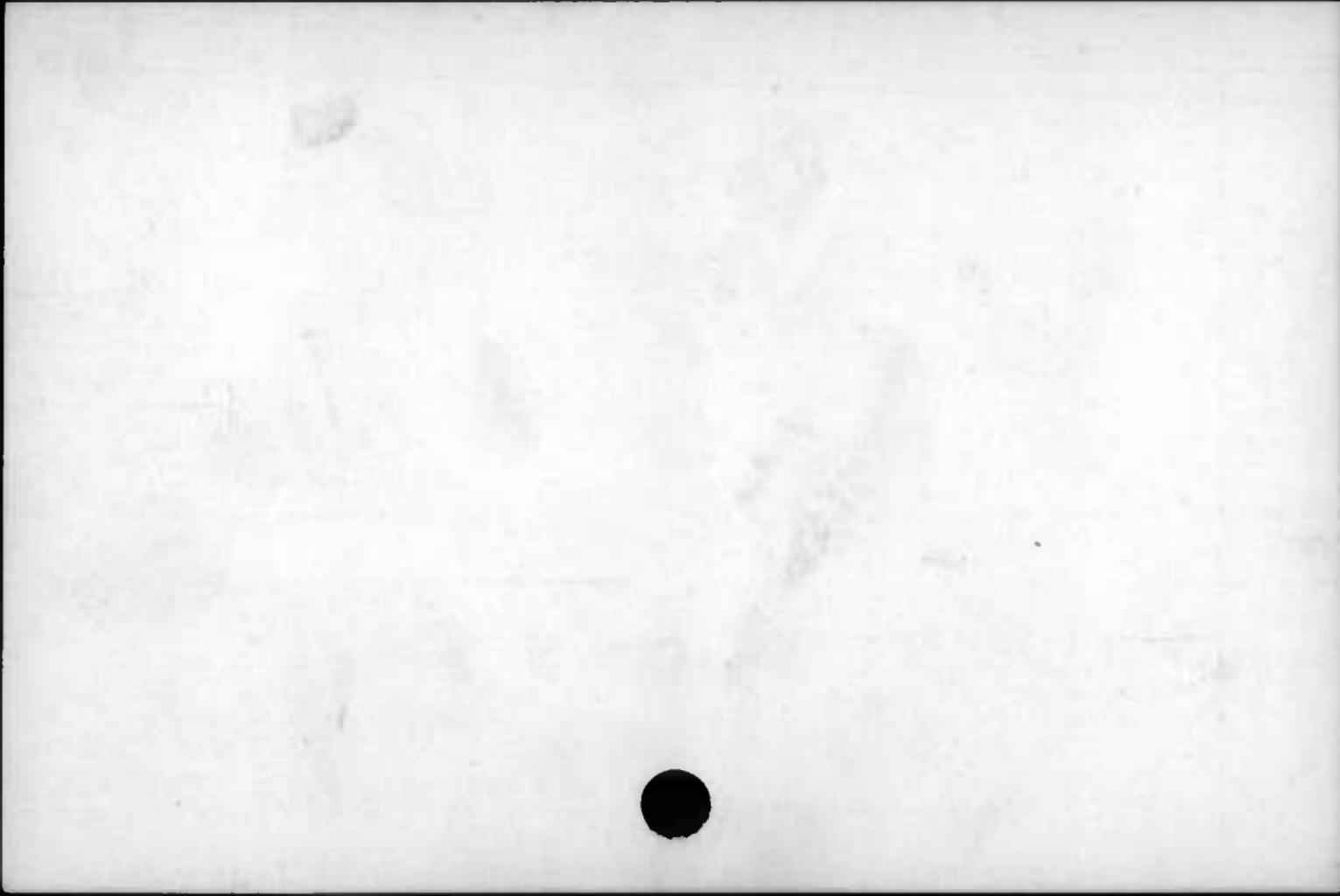
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Carroll	County	MARYLAND
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	White -	Birth-place
Occupation	Housekeeper	Where Residing if not at place of death -		
Married, Single or Widowed	Single	Name of Wife or Husband	—	
Father's Name	Mrs. J. Goslee	Father's Birthplace		
Mother's Maiden Name	sarah E.	Mother's Birthplace		
Name of person giving information	Jno. W. Goslee	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Melancholia	(68)	How long about. 4 1/2 yrs.
Immediate	Exhaustion from Malnutrition		How long —
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician John Norfolk Morris M.D.
			Address Springfield Hosp. Sykesville Carroll Co., Md
Accident or Suicide?		—	



Name
in
Full

Amanda Haines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Carroll		County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days	
1907	June	23	68	68	9	21	
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation			Where Residing if not at place of death	Lemings			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Samuel A. Haines				
Father's Name	Andrew Bair		Father's Birthplace	Pen.			
Mother's Maiden Name	Elijah Bair		Mother's Birthplace	Pen-			
Name of person giving Information	Charles Haines		How related to deceased	son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

41

How long

Immediate

Cancer of bowels

How long

one year

Are the name, age, sex, color, date and place correctly given above?

Yes

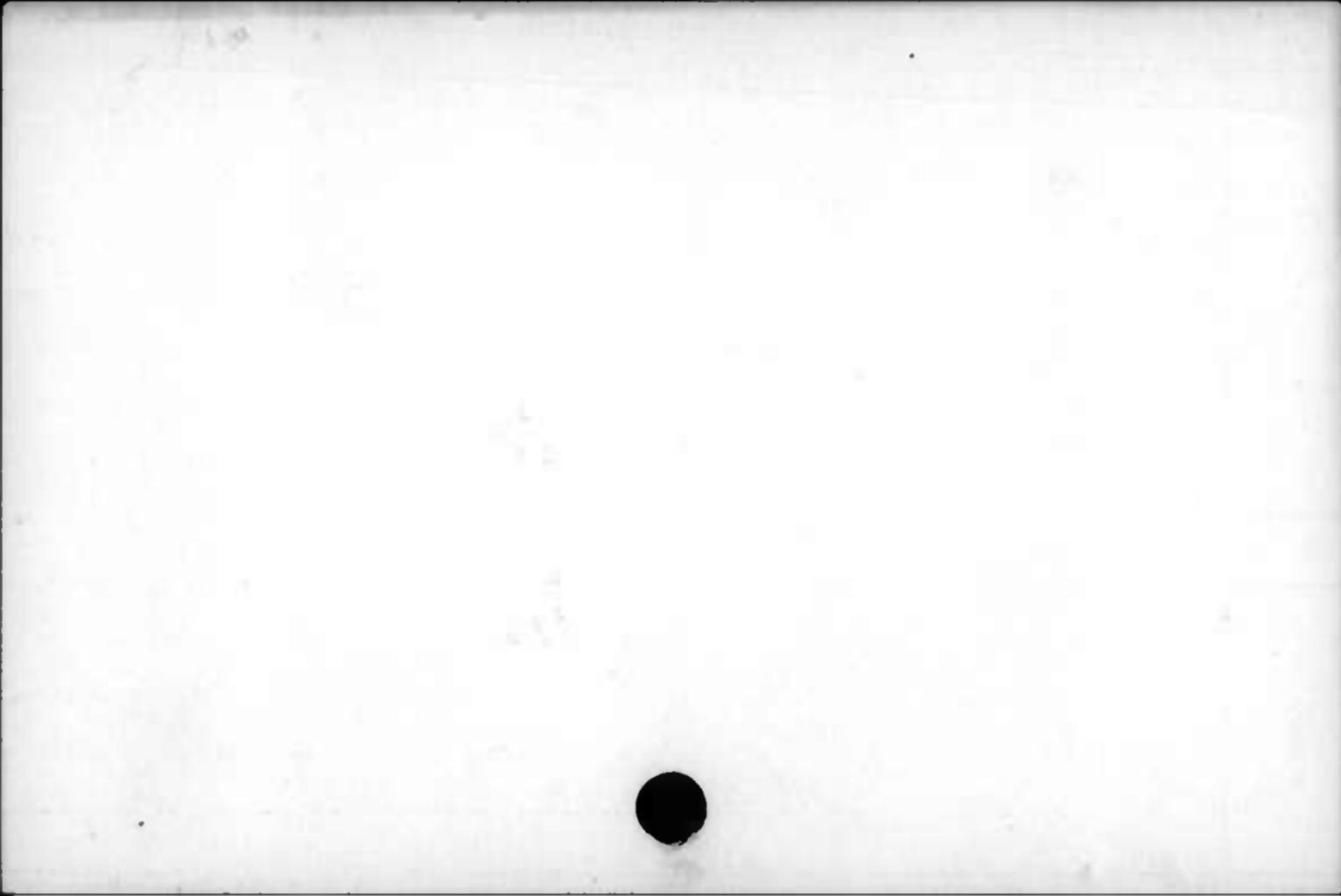
Signature of Physician

G.H. Brown

Address

New Windsor

Accident or Suicide?



Name
in
Full

Laura Irene Hains.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Windsor</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>10</u>	Years <u>2</u>	Months <u>8</u>	Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>unknown</u>	Where Residing if not at place of death <u>New Windsor</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>unknown</u>	Father's Birthplace <u>Maryland</u>			
Father's Name <u>John R Hains</u>	Mother's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Lula Irene Haines</u>	How related to deceased <u>Uncle</u>				
Name of person giving Information <u>N. C. Haines</u>					

fell into a tub filled with
boiling water.

CAUSES OF DEATH

Primary

Scoodess

(167)

How long

Immediate

One day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. Ira E Whitehill

Address

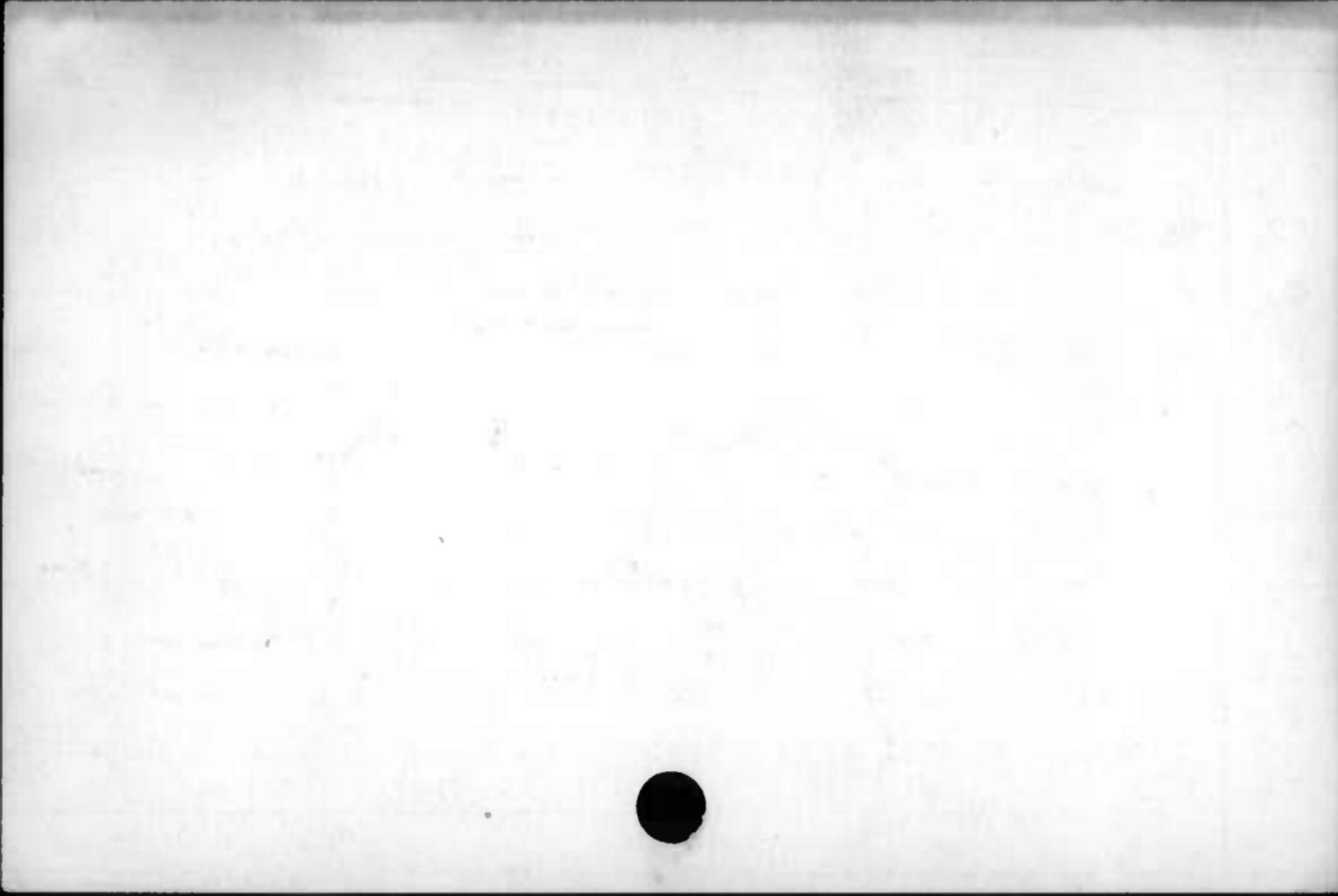
New Windsor

MD

PHYSICIAN
OR CORONER

Accident or Suicide?

Accident



Name
in
Full

Samuel J. Hooel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Ridgewell	Carroll				
Date of death	Month	Day	Years	Months	Days
1907	June	11	80	6	
Sex	Color or Race	white American	Birth-place	Howard Co.	
Male			Ridgewell		
Occupation	Where Residing if not at place of death				
None					
Married, Single or Widowed	Name of Wife or Husband				
Widower					
Father's Name	Isaac Hood	Howard Co			
Mother's Maiden Name	Mary A. Shipler	Dont Know			
Name of person giving Information	J. A. Hood	Son			

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	Fracture of Neck of Femur 9 months		
Immediate	Asthenia		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. E. Brownwell
		Address	Mt. airy
Accident or Suicide?			

2/13

Name
in
Full

Elizabeth Catherine Hooper,
near Sams Creek

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Sams Creek	Carroll			
Date of death	Month	Day	Years	Months	Days
1907	6	2	75-	3	10
Sex	Female	Color or Race	White	Birth-place	
Occupation	Household		Where Residing if not at place of death	near Sams Creek	
Married, Single or Widowed	Widow		Name of Wife or Husband	William H. Hooper	
Father's Name	Benjamin F. Shadets (deceased)		Father's Birthplace	Unknown	
Mother's Maiden Name	Mary M. Orodor (deceased)		Mother's Birthplace	"	
Name of person giving information	Jessie L. Hooper		How related to deceased	Sister.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphexy

64

How long

5 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E D Crouse
Winfield Carroll Co

Accident or Suicide?

Bethany

Name
in
Full

No 207
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Robert L Nofife

Town

County

MARYLAND

Died at

Westminster

Baltimore

Month

Day

Years

Months

Days

Date
of death 190

June 2

Age 35

10

2

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Machinist

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Margaret Miller

Father's
Name

Joseph Nofife

Father's
Birthplace

Maryland

Mother's
Maiden Name

Isadore. Candleroff

Mother's
Birthplace

deceased

Name of person giving
Information

Margaret Nofife

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Heart

(166)

How long

about 6 months

Immediate

Concussion

Brain

How long

16 Hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. J. Coonan

Self done. Stars and
struck head against
accident or Suicide?
don

Address

Wishister
Md.

13 P

Shaver
Westmoreland County

Name
in
Full

Emma Catherine Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Carroll			MARYLAND	
Died at	Freedom	Month	Day	Years	Months Days
Date of death	1907 June	5	Age	33	7 17
Sex	Female	Color or Race	White	Birth-place	Md.
Occupation	Housewife			Where Residing if not at place of death	same
Married, Single or Widowed	Married	Name of Wife	Perry R. Jenkins	Father's Birthplace	Md.
Father's Name	Basil T. Grimes	Mother's Maiden Name	Emily Fleming	Mother's Birthplace	Md.
Name of person giving information	Perry R. Jenkins			How related to deceased	Husband

CAUSES OF DEATH

64

How long

4 hrs.

How long

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

M. Morris,
Eldersburg
Md.

Accident or Suicide?

no.



Name
in
Full

Mrs Barbara Ann Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	white	Birth-place	Penn
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John Jones			
Father's Name	Joshua Gittle		Father's Birthplace	Penn	
Mother's Maiden Name	Sarah		Mother's Birthplace	Penn	
Name of person giving information	John Jones		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: Carcinoma of Liver
Immediate: Pulmonary Oedema - Failure 12 hours
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician: Daniel B. Sprecher,
Address: Sykesville, Md.
Accident or Suicide? _____

40

How long
for years

How long

12 hours

How long

for years

How long

12 hours

How long

for years



Name
in
Full

Thomas B. Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	61	4	2
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Fannie E. Jones			
Father's Name	Thos. Jones				
Mother's Maiden Name	Fannie E. unknown				
Name of person giving Information	Thos. A. Jones				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Heart Disease

How long

20 min.

Are the name, age, sex, color, date and place correctly given above?

yes

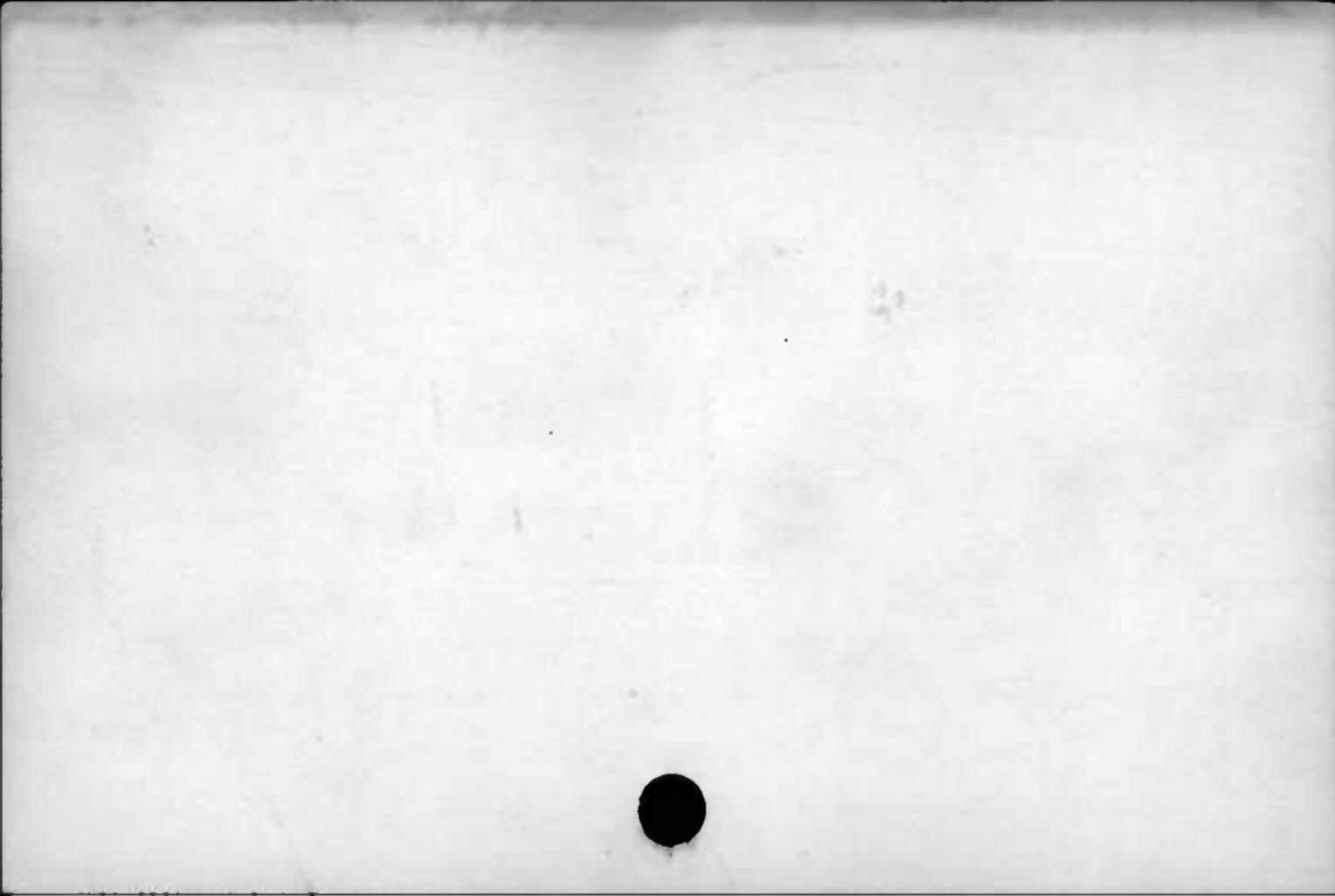
Signature of Physician

Address

M. Morris,
Eldersburg
Md.

Accident or Suicide?

no.



Name
in
Full

Janie Kelly

No 210

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	Carroll Road	County	MARYLAND
Date of death 190	Month 7 June	Day 9th	Years Age 44
Sex Female	Color or Race Black	Birth- place Carroll Co., Md.	Months —
Married, Single or Widowed Single	Occupation House		Days —
Name of Wife or Husband			
Father's Name George J. Kelly		Father's Birthplace Carroll Co.	
Mother's Maiden Name		Mother's Birthplace Carroll Co.	
Name of person giving Information		How related to deceased 27	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

18 mos.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

N. McBlade
Reisterstown Md.

Accident or Suicide?

Fultsburg Cemetery

Stoner

Name
in
Full

Jacob Kerchner

W 211

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Westminster	Town	Carroll	County	MARYLAND	
Date of death	1907	Month June	Day 10	Age 58	Years	Months 9
Sex	Male	Color or Race	White	Birth-place	Days 10	
Occupation	Miller	Where Residing if not at place of death			Home	
Married, Single or Widowed	Married	Name of Wife or Husband	Annie Kerchner		Father's Birthplace	Carrollton Md
Father's Name	George Kerchner				Mother's Birthplace	" " "
Mother's Maiden Name	Sarah Bolleiger				How related to deceased	Wife
Name of person giving information	Mrs Annie Kerchner					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Mitral Regurgitation

79

How long

6mos.

Immediate

" "

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Eugene M Sullivan

Address

1146 Main St.

Accident or Suicide?

H. Benjamin's Clarendon.
Stone.

Name
in
Full

Ervin J Koontz

CERTIFICATE OF DEATH

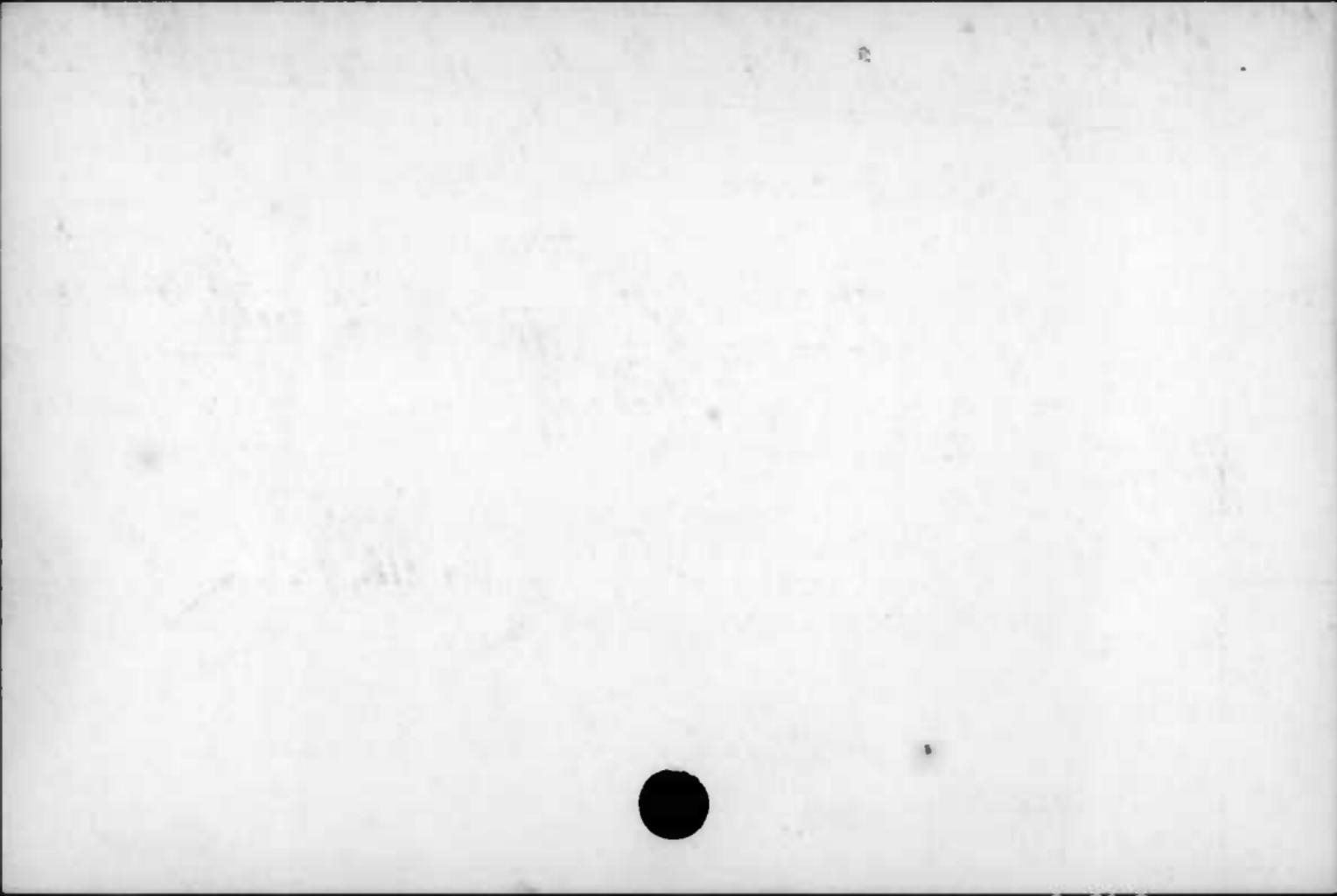
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Burns</u>		Town	Carroll		County	MARYLAND	
Date of death	1907	Month 6	Day 24	Age	Years	Months 11	Days 24
Sex	Male	Color or Race	White		Birth-place	Md	
Occupation	X	Where Residing if not at place of death					
Married, Single or Widowed	X	Name of Wife or Husband	X		Father's Birthplace	Md	
Father's Name	Theodore Koontz			Mother's Birthplace	Ind.		
Mother's Maiden Name	Sarah Elluttera			How related to deceased	Ind.		
Name of person giving Information	Theodore Koontz			Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Hemilic</u>		71	How long	<u>4 months</u>
Immediate	<u>Convulsion</u>			How long	<u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Charles D. Roop</u>		
		Address	<u>Taneytown</u> <u>Md</u>		
Accident or Suicide?					



Name
in
Full

Geo. S. Lawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race		Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Mary E. Lawson		near Alsid	
Father's Name	Thomas J. Lawson		Father's Birthplace		West New	
Mother's Maiden Name	Ellen Lawson		Mother's Birthplace		West New	
Name of person giving information	G. Frank Lawson		How related to deceased		Son	

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary

Ulcer of Stomach

How long

18 months

Immediate

Inanition

How long

one month

Are the name, age, sex, color, date and place correctly given above?

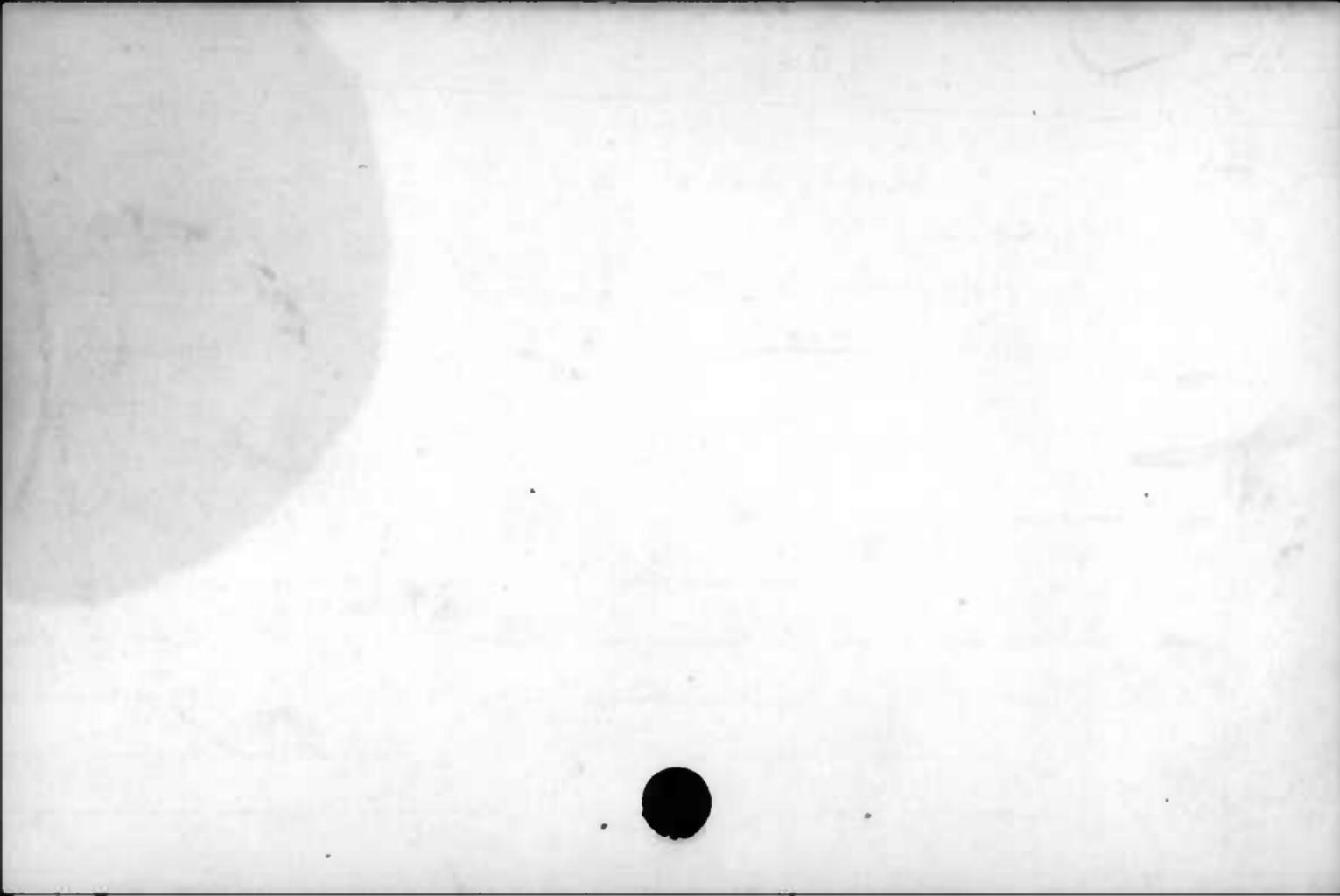
Yes

Signature of Physician

Address

John Preston MD
Wauchester
Md

Accident or Suicide?



Name
in
Full

Pius Galvin Little

21
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Westminster</u>		County <u>carrol</u>	MARYLAND
Date of death <u>1907</u>	Month <u>June</u>	Day <u>26</u>	Years <u>69</u>
Age <u>69</u>	Months <u>2</u>	Days <u>16</u>	
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>Md</u>	
Occupation <u>Retired</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>	Father's Name <u>Jacob Little</u>	Father's Birthplace <u>Md</u>
Mother's Maiden Name <u>Susanna Smith</u>		Mother's Name <u></u>	Mother's Birthplace <u>Md</u>
Name of person giving information <u>Harry Little</u>		How related to deceased <u>Nephew</u>	

CAUSES OF DEATH

(91)

Primary <u>Chronic Bronchitis</u>	How long <u>several years</u>
Immediate <u>Exhaustion</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Chas. R. Foy</u>
	Address <u>Westminster</u>
Accident or Suicide? <u></u>	<u>Md.</u>

St Benjamins cemetery
Stonev.

Name
in
Full

Nora Masruder

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

1907 June 3rd 55

Female White Maryland

Unknown unknown unknown unknown

Dr. Mary Waters

CAUSES OF DEATH

155

How long

PHYSICIAN
OR CORONER

Primary

Accident

Immediate

Suicide (Cubelite Acid)

Are the name, age, sex, color, date and place correctly given above?

Yes

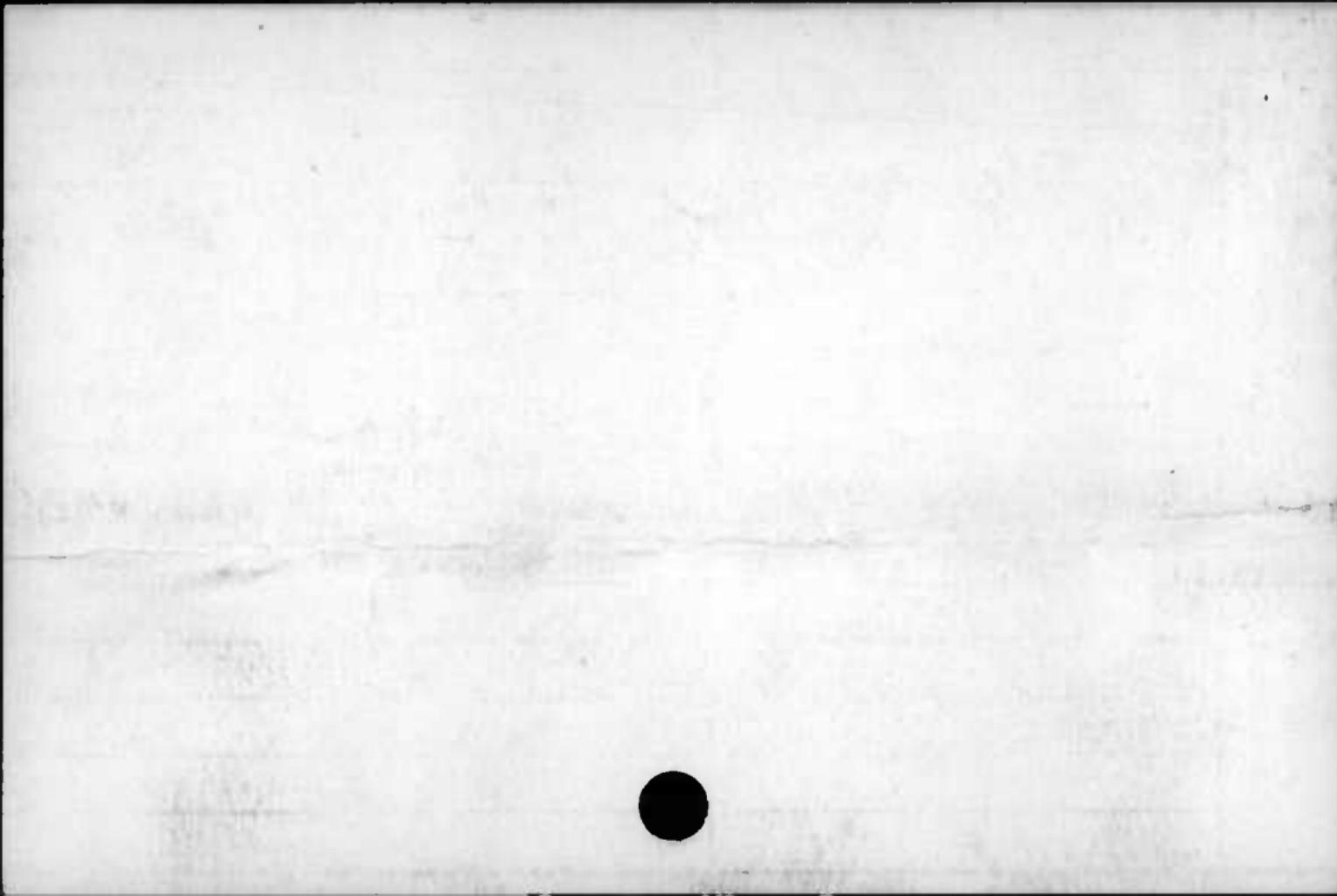
Signature of Physician

Address

Harry F. Baile
Coroner

Accident or Suicide?

Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Samuel Miller					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1907	Month June	Day 29	Years Age 73	Months 5	Days 21	
Sex	Male	Color or Race	White		Birth-place	Gansell, Md.	
Occupation	Blacksmith		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Kate F. G. Miller		Father's Birthplace	Unknown	
Father's Name	Jacob Miller				Mother's Birthplace	Unknown	
Mother's Maiden Name	Elizabeth Rounton				How related to deceased	wife	
Name of person giving information	Kate F. G. Miller						
CAUSES OF DEATH					(129)		

Primary

Glycemic nephritis

How long

2 yrs

Immediate

Complication of diseases

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Lewis Wetzel, M.D.
Union Mills
Ind.

Accident or Suicide?



Name
in
Full

Carroll J Ohler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Taneytown</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>6</u>	Day <u>24</u>	Age <u>2</u>	Years	Months <u>11</u> Days <u>19</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Md</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Harry J Ohler</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Minnie Kitterbruck</u>	Mother's Birthplace <u>Va</u>				
Name of person giving information <u>"</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Accident.</u>	<u>172</u>	How long
Immediate	<u>Drowning</u>		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Charles Corp
Taneytown
Md

Accident or Suicide?



Name
in
Full

Grace V. Ondorff

213

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	Month June	Day 15	Years 23 Months 9 Days -
Sex Female	Color or Race White	Birth-place Maryland	
Occupation House Wife	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Edward B. Ondorff	Father's Birthplace Maryland	
Father's Name Nathan H. Siehl.	Mother's Birthplace Maryland		
Mother's Maiden Name Annie G. Slave	How related to deceased	Daughter	
Name of person giving information Annie J. Morgan			
CAUSES OF DEATH			
Primary Consumption.	How long About two years.		
Immediate Pneumonia.	How long Two weeks.		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. F. Simley M.D.		
	Address Westminister Md.		

27

PHYSICIAN
OR CORONER

Accident or Suicide?

Shanner
Warfieldburg

Name
in
Full

214

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas E Reese

Town

Died at Westminster

County

Baltimore

MARYLAND

Date Month Day Years Months Days
of death 190 } June 19 Age 40 } 26

Sex Male Color or Race White Birth-place Maryland

Occupation Banker Where Residing if not
at place of death

Married, Single or Widowed Married Name of Wife or Husband Virginia E. Reese

Father's Name Andrew J. Reese Father's Birthplace Maryland

Mother's Maiden Name Elizabeth L. Myers Mother's Birthplace C.

Name of person giving Information Andrew E. Reese How related to deceased Father

CAUSES OF DEATH

139

Primary Gunshot Wound of Head (Suicide) How long _____

Immediate Shock & Haemorrhage How long _____

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician

Address

Jos. J. Henry
Westminster, Md

Accident x Suicide?

Kanner

Hudson

Name
in
Full

Premature Infant Reissnider

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Months	Days
Sex	Color or Race	Occupation	Where Residing if not at place of death	Birth-place	
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace		
Mother's Maiden Name	Alice Shoemaker	Mother's Birthplace	New York		
Name of person giving information	my own knowledge	How related to deceased	• How long		

CAUSES OF DEATH

151

How long

How long

24 hrs

Primary

Premature birth

Immediate

debility

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Lorraine
Taney town

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1907	Month June	Day 18	Years 64	Months 10	Days 18	
Sex	Female	Color or Race	White	Birth-place			
Occupation	Housewife		Where Residing if not at place of death	York Bureau			
Married, Single or Widowed	Name of Wife or Husband		Jacob.	New York			
Father's Name	Unknown		Place	Father's Birthplace			
Mother's Maiden Name	Unknown		Place	Mother's Birthplace			
Name of person giving Information			Place	How related to deceased			

CAUSES OF DEATH

Primary

64

How long

Immediate

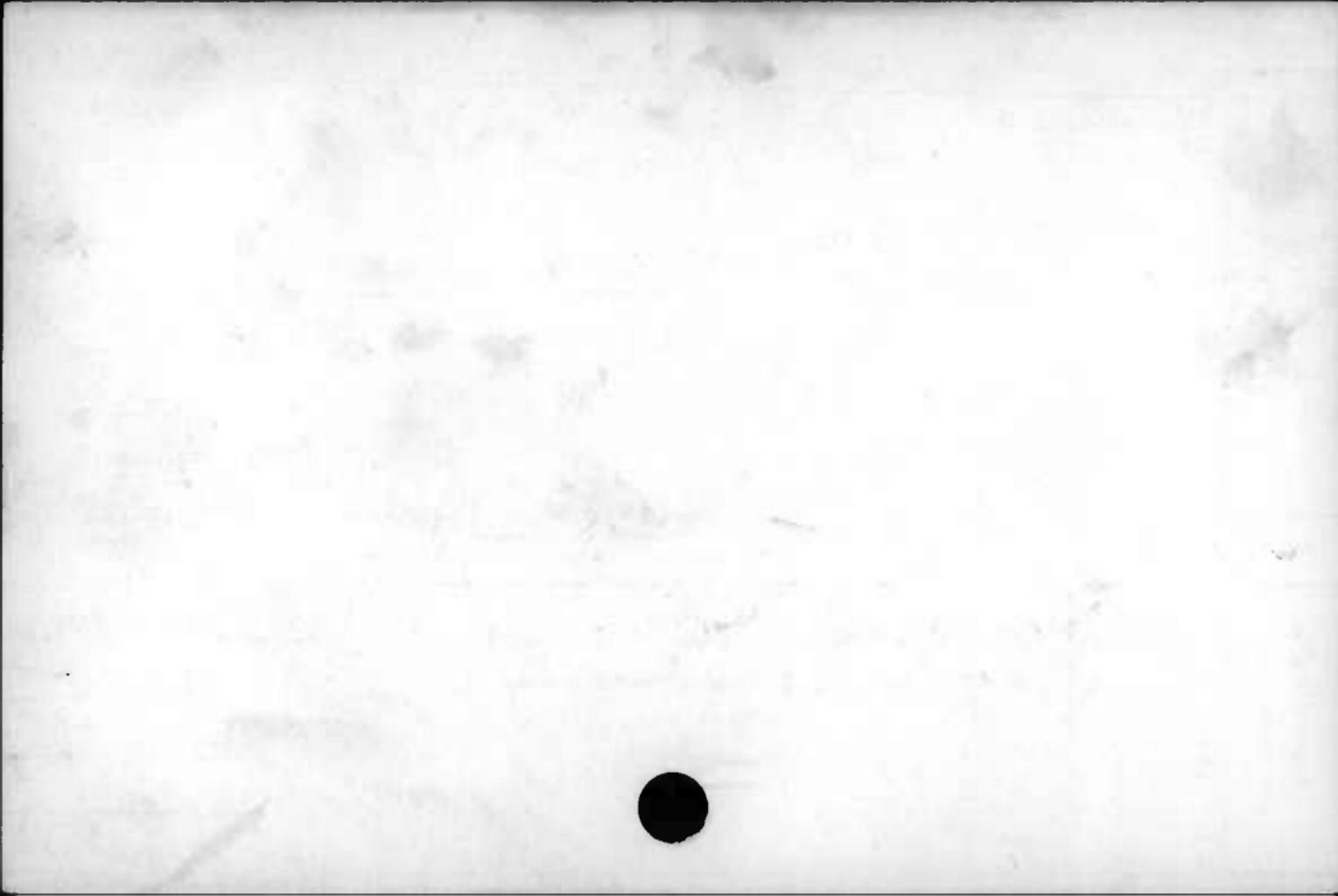
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Charles F. Root

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single	Name of Wife or Husband	Mary. G. Root			
Father's Name	David Root				
Mother's Maiden Name	Susan Grimes				
Name of person giving information	Mary. G. Root				
	Wife				

PHYSICIAN
OR CORONER

Primary

Rheumatism. Malnutrition. (106)
How long 30 years.

Immediate

Diarrhea. Emaciation How long 2 weeks.

Are the name, age, sex, color, date and place correctly given above?

Yes

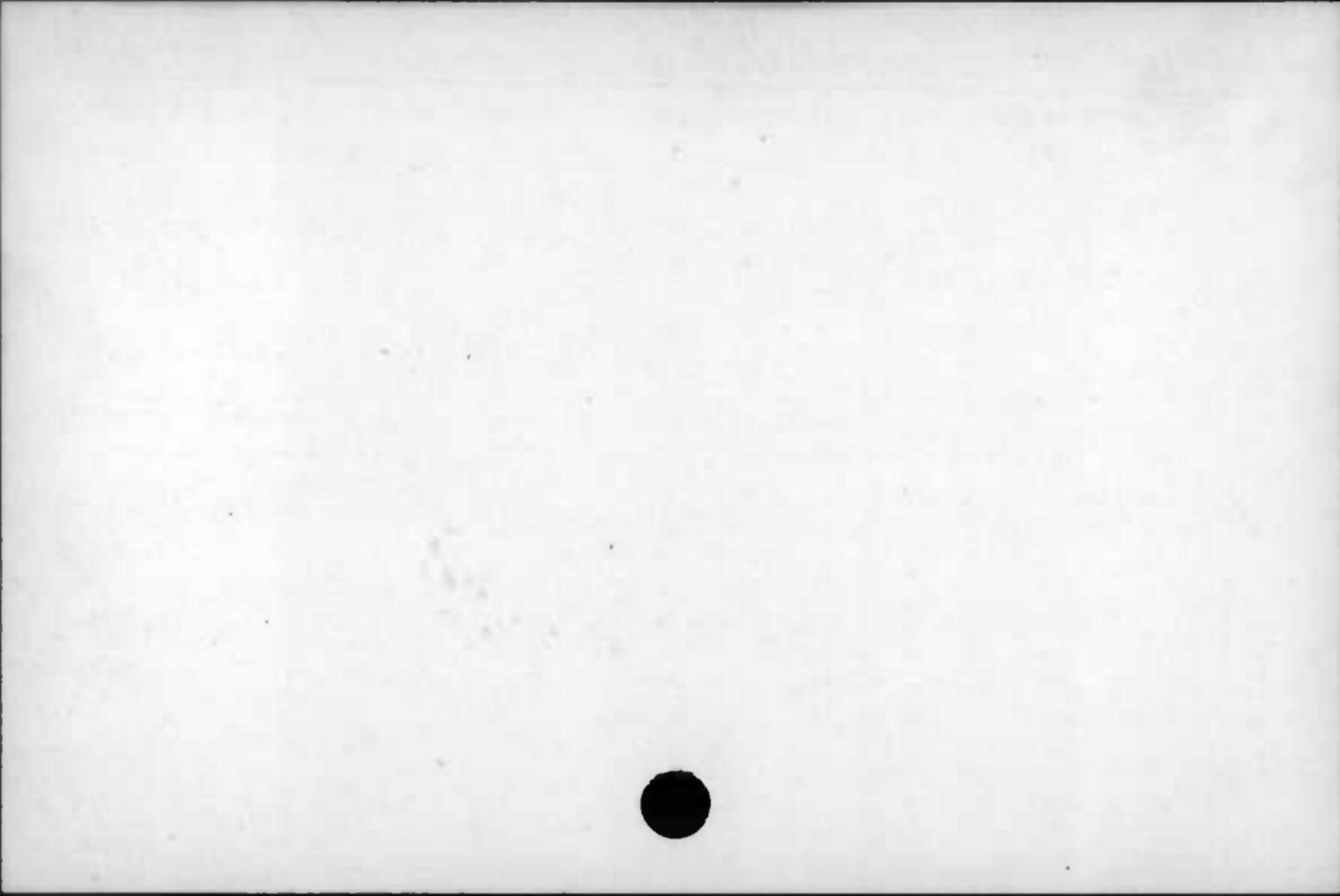
Signature of Physician

Address

F. H. Beiss.

Tracytown.
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hennetta Shriver

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Died at	Longville	Carroll	
Date of death	Month	Day	Years
1907	4	2	74
Age	7 Months	5 Days	
Sex	Color or Race		
Female	White		
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Widowed	John T Shriver		
Father's Name	Name of Father		
John Shoemaker	Md		
Mother's Maiden Name	Name of Mother		
Tydia Lightner	Pa		
Name of person giving information	How related to deceased		
Emma Shriver	Daughter		

CAUSES OF DEATH

Primary	Bright's Disease	(120)	How long
Immediate	Exhaustion		8 Months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Charles & Rose
Terrytown Md

Accident or Suicide?

0170110116

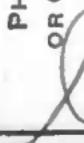
Name
in
Full

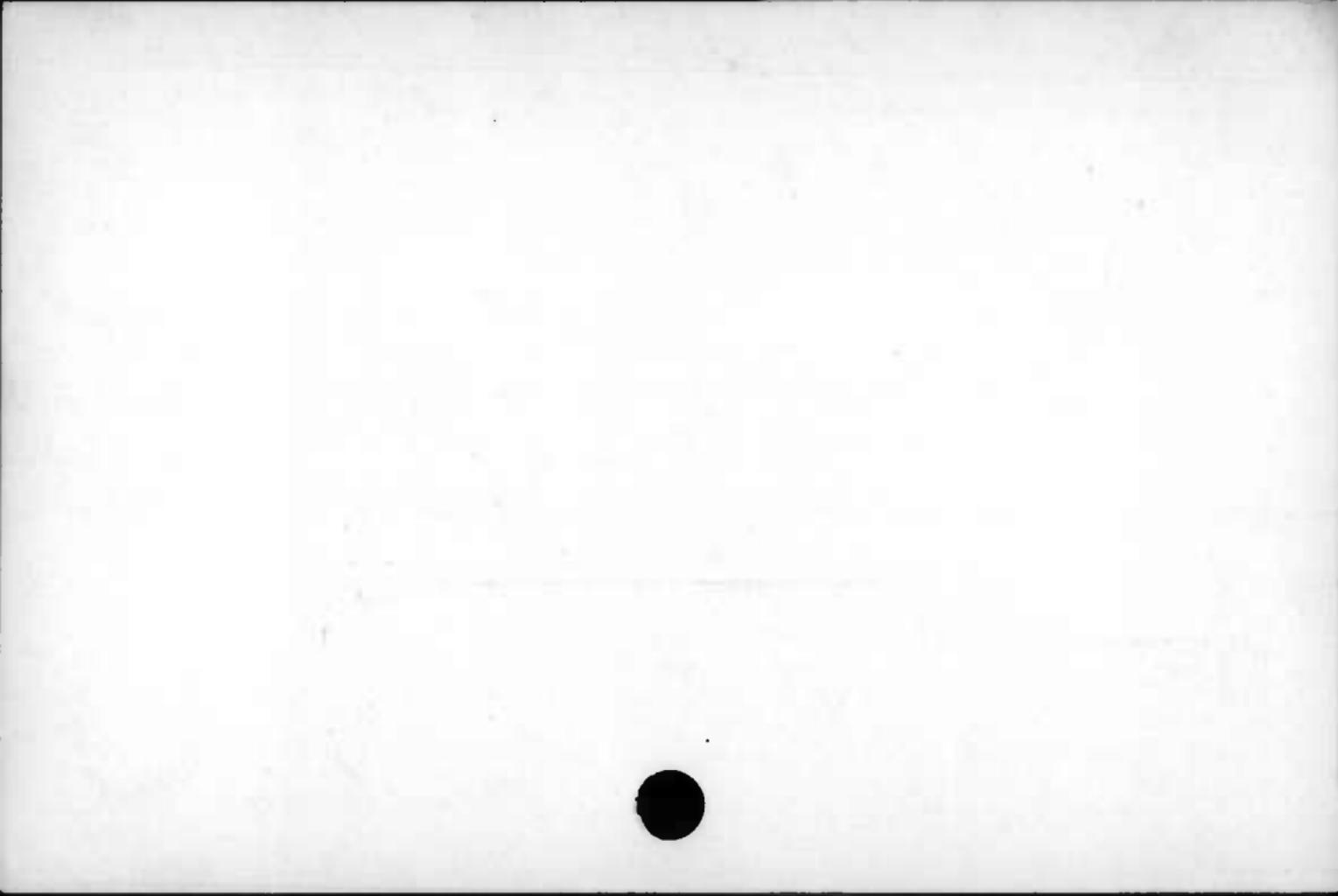
To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Hampstead</u> Town <u>Carroll</u> County				MARYLAND		
Date of death <u>1907</u>	Month <u>6</u>	Day <u>27.</u>	Age <u>Years</u>	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Hampstead Md</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace <u>Hampstead Md</u>				
Father's Name <u>Samuel W. Shingair</u>	Mother's Maiden Name <u>Rosa B. Shingair</u>	Mother's Birthplace <u>Hampstead Md</u>				
Name of person giving Information <u>Rosa B. Shingair</u>	How Related <u>Mother</u>					
CAUSES OF DEATH						
Primary	<u>Cysticercia Neuronalorum</u>					
Immediate	<u>Post Mortal</u>					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
			<u>Edgar M. Bush M.D.</u>			
			Address <u>Hampstead, Md</u>			
Accident or Suicide? <u>X</u>						

151

PHYSICIAN
OR CORONERAccident or Suicide? X



Name
in
Full

Charles Roy Stansberry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Baltimore	Carroll				
Date of death	Month	Day	Years	Months	Days
1907	June	6	Age		2
Sex	Male	Color or Race	White	Birth-place	Baltimore
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm H Stansberry				
Mother's Maiden Name	Sarah A. Ponder				
Name of person giving information	Sarah A. Stansberry				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Premature birth possibly

How long

Immediate Six months

How long

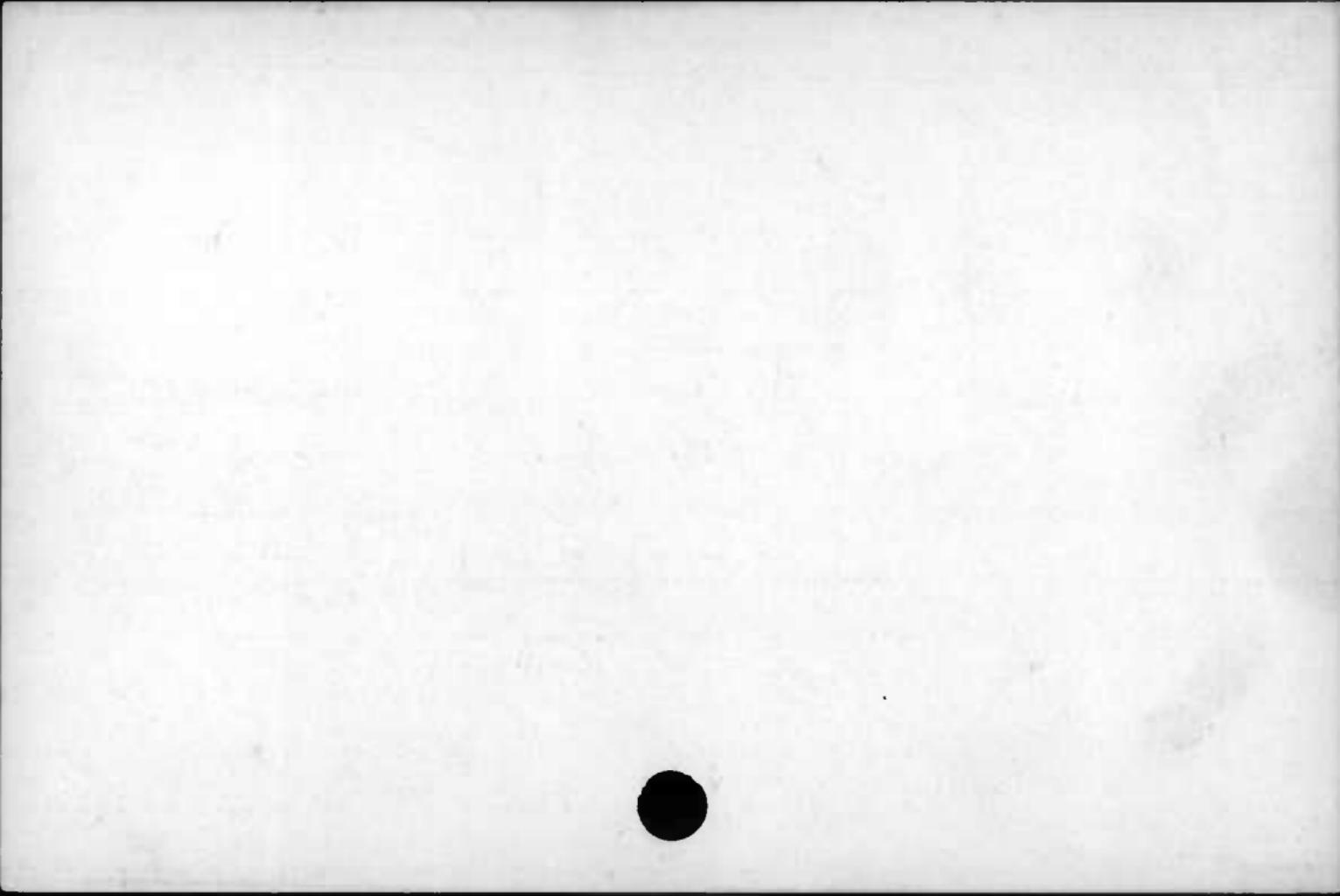
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J H Sherman M.D.
Manchester Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Marshall Theodore Wagner

CERTIFICATE OF DEATH

Died at	Birk ^{own}	County	Carroll	MARYLAND					
Date of death	1907	Month	6	Day	8	Years	Age	1 Months	7 Days
Sex	Male	Color or Race	White	Birth-place	Birk				
Occupation	None	Where Residing if not at place of death							
Married, Single or Widowed	Single	Name of Wife or Husband							
Father's Name	Andrew J. Wagner	Father's Birthplace	Carroll Co						
Mother's Maiden Name	Daddy B. Jordan	Mother's Birthplace	Baltimore Co						
Name of person giving information	William J. Jordan	How related to deceased	Niece						

CAUSES OF DEATH

Primary

Unknown

179

How long

unknown

Immediate

11

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

"McBatt"
westminster
md

Accident or Suicide?

Harmony